

Chart 1  
Monthly Insurance Rates For Active Employee  
Basic Life, Health Insurance Coverage (Non-Medicare Plans), and Dental/Vision Coverage  
Rates For Monthly Payroll Deduction, and Direct Payment Purposes  
Effective For The Premium Due July 1, 2007

Type Of Coverage	Premium Amount To Be Deducted on Payroll				Full Cost Premium	
	Premium For Active Employees					
Dental/Vision Coverage:	Individual Coverage		Family Coverage		Individual	Family
Indemnity Plan	\$4.84		\$14.98		\$32.24	\$99.89
PPO Plan	3.45		10.67		22.98	71.15
	For Employees Hired On or before June 30, 2003		For Employees Hired After June 30, 2003		Full Cost Premium	
Basic Life \$5,000 Coverage Only	\$1.03		\$1.37		\$6.85	
Health Plan Costs (Including Basic Life \$5,000 Insurance)	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage
Commonwealth Indemnity Plan Basic with CIC*	\$124.23	\$288.16	\$158.06	\$366.67	\$699.34	\$1,622.85
Commonwealth Indemnity Plan Basic without CIC	101.49	235.54	135.32	314.05	676.60	1,570.23
Commonwealth Indemnity Plan Community Choice*	48.66	115.24	66.49	157.52	356.63	845.72
Commonwealth Indemnity Plan PLUS*	65.01	153.63	88.85	210.02	476.80	1,127.73
Fallon Community Health Plan-Direct Care	56.01	132.91	74.68	177.21	373.41	886.04
Fallon Community Health Plan-Select Care	65.92	154.98	87.89	206.64	439.46	1,033.19
Harvard Pilgrim Independence Plan*	70.47	168.87	94.69	226.93	484.45	1,161.20
Health New England	60.24	147.72	80.32	196.96	401.60	984.80
Navigator by Tufts Health Plan*	65.27	156.94	88.83	213.63	471.27	1,133.89
NHP Care	59.47	155.80	79.30	207.73	396.48	1,038.64

CIC: Catastrophic Illness Coverage

Individual CIC: \$22.74/monthly

Family CIC: \$52.62/monthly

\* The Employee share of the rates for these plans has been reduced by the following subsidized amounts from the employees' premium reserves.

\*\* The subsidized amount is for catastrophic Illness Coverage (CIC).

Health Plan	Individual	Family
Commonwealth Indemnity Plan Basic with CIC**	\$9.73	\$22.70
Commonwealth Indemnity Plan Community Choice	4.84	11.62
Commonwealth Indemnity Plan PLUS	6.51	15.53
Harvard Pilgrim Independence Plan	2.20	5.31
Navigator by Tufts Health Plan	5.42	13.15